

# Missed opportunities in uptake of prevention of mother-to-child transmission (PMTCT) of HIV interventions; Are health systems failing HIV infected mothers?

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## Abstract:

- 20% of HIV infected mothers and 17% of exposed infants did not use ARVs
- 31% of HIV infected women identified antenatally did not deliver at health facilities
- 7.6% of mothers were mix feeding their infants by 6 weeks
- HIV infected mothers were more likely to have a non-facility delivery compared to uninfected mothers (p=0.009)
- Non-facility delivery was associated non-use of maternal (p=0.004) and infant (p <0.001) antiretroviral drugs
- Mix feeding was associated with not disclosing HIV status to partner (p=0.01)

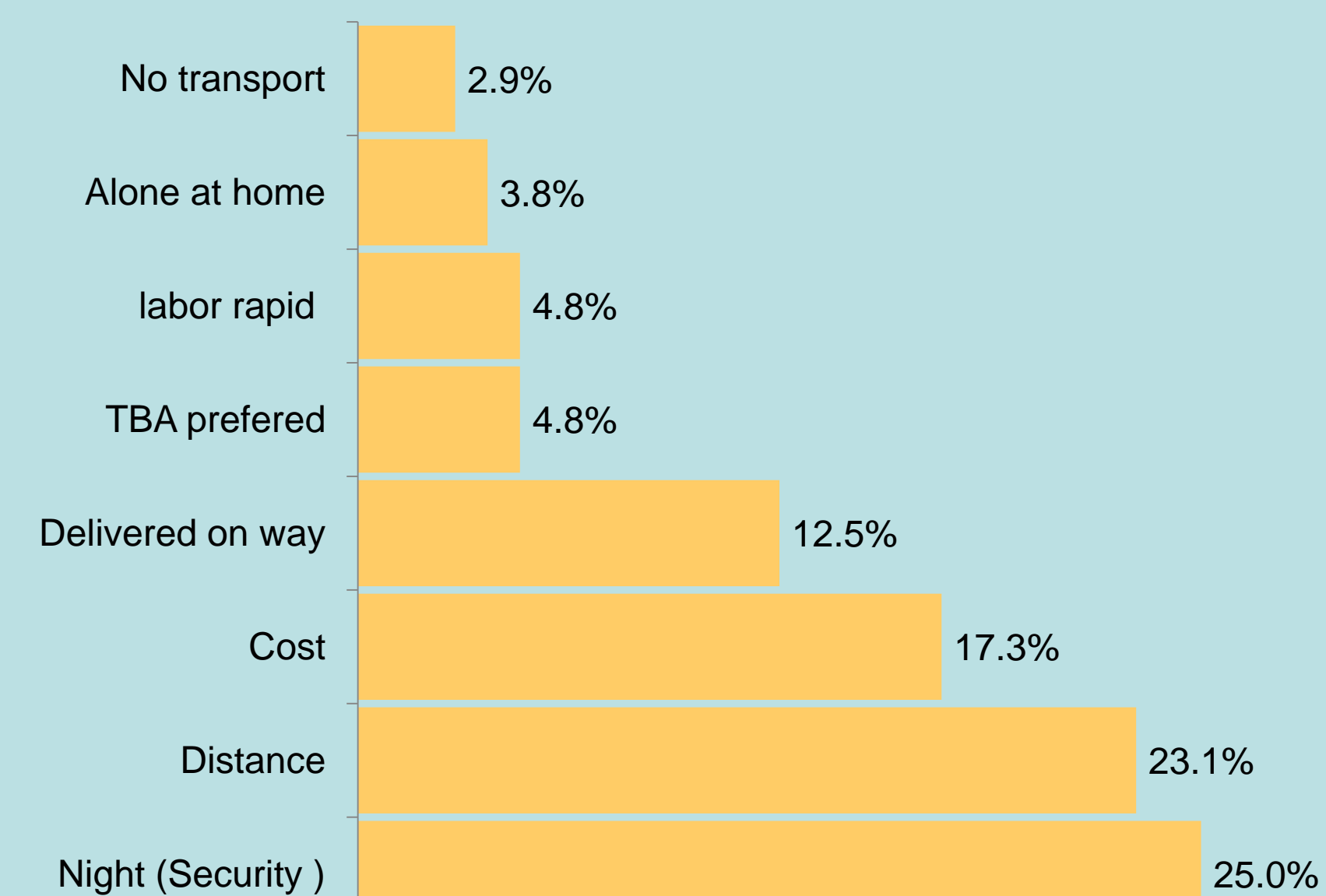
## Results:

- 2700 mothers enrolled
- 336 (12.4%) HIV positive

Table 1: Baseline characteristics of HIV positive women (n=336)

| Characteristic        | %, Mean    |
|-----------------------|------------|
| Mean age              | 25.8 years |
| Married               | 87.8%      |
| < secondary education | 80.7%      |
| Employed              | 33.3%      |
| ANC Attendance        | 99.4%      |

## Reasons given for non facility delivery (n=104)



## Discussion:

- Most impediments cited by mothers for not delivering at health facilities are avoidable and can be overcome through use of birth preparedness interventions
- Birth preparedness address delays in seeking, reaching and receiving skilled care
- Mothers need to be assisted to plan for birth, educated on how to recognize signs of labor, and to plan for transport to health facility
- Promoting facility delivery not only confer HIV prevention benefits from obstetrical interventions but also increase delivery of ARVs

## Background:

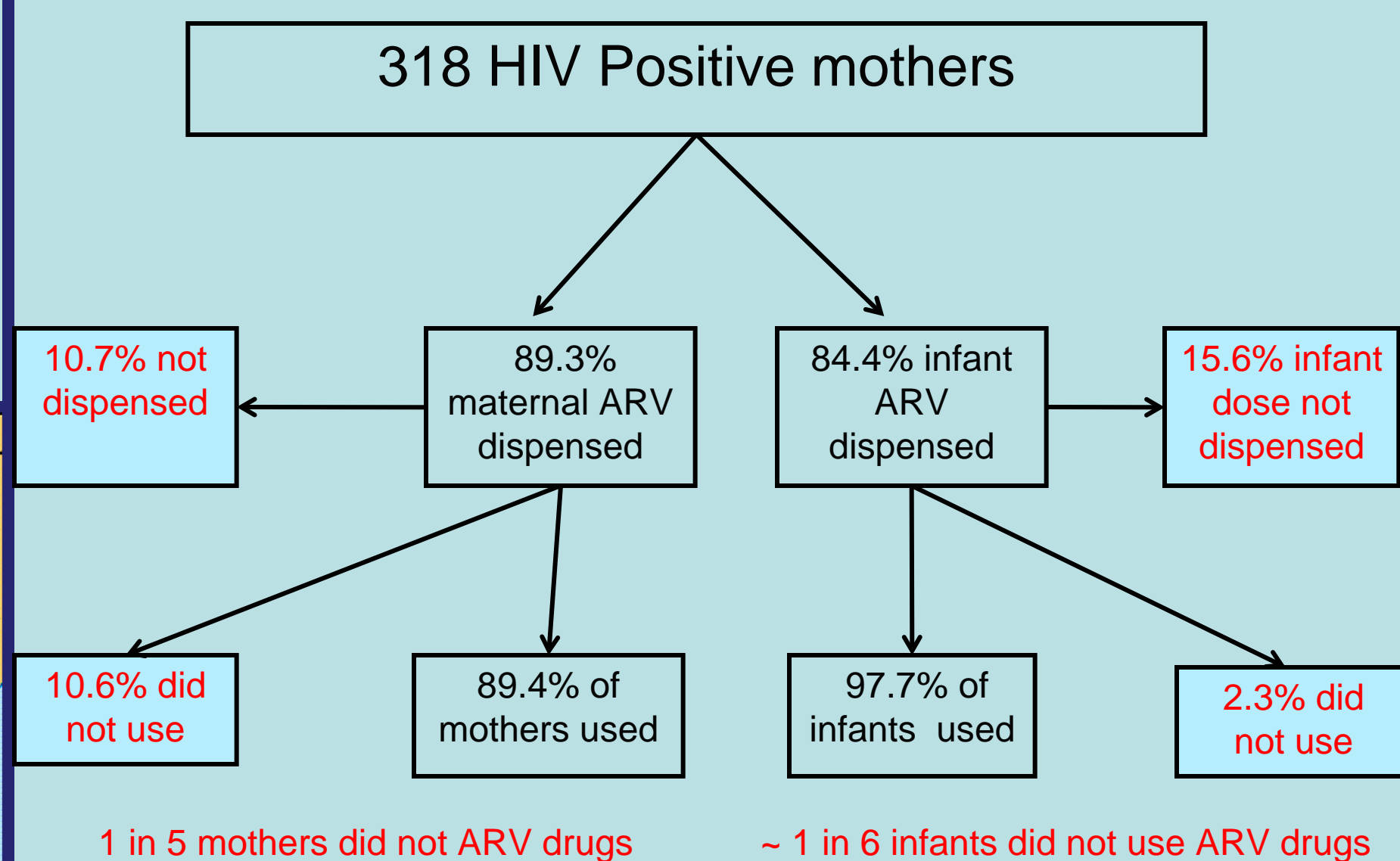
- Increased availability of prenatal HIV testing services in Kenya has resulted in the identification of many HIV infected women
- Uptake of PMTCT interventions following HIV diagnosis has remained less than optimal
- Determining barriers to utilization of PMTCT services is critical to developing strategies to improve uptake of services

## Methods:

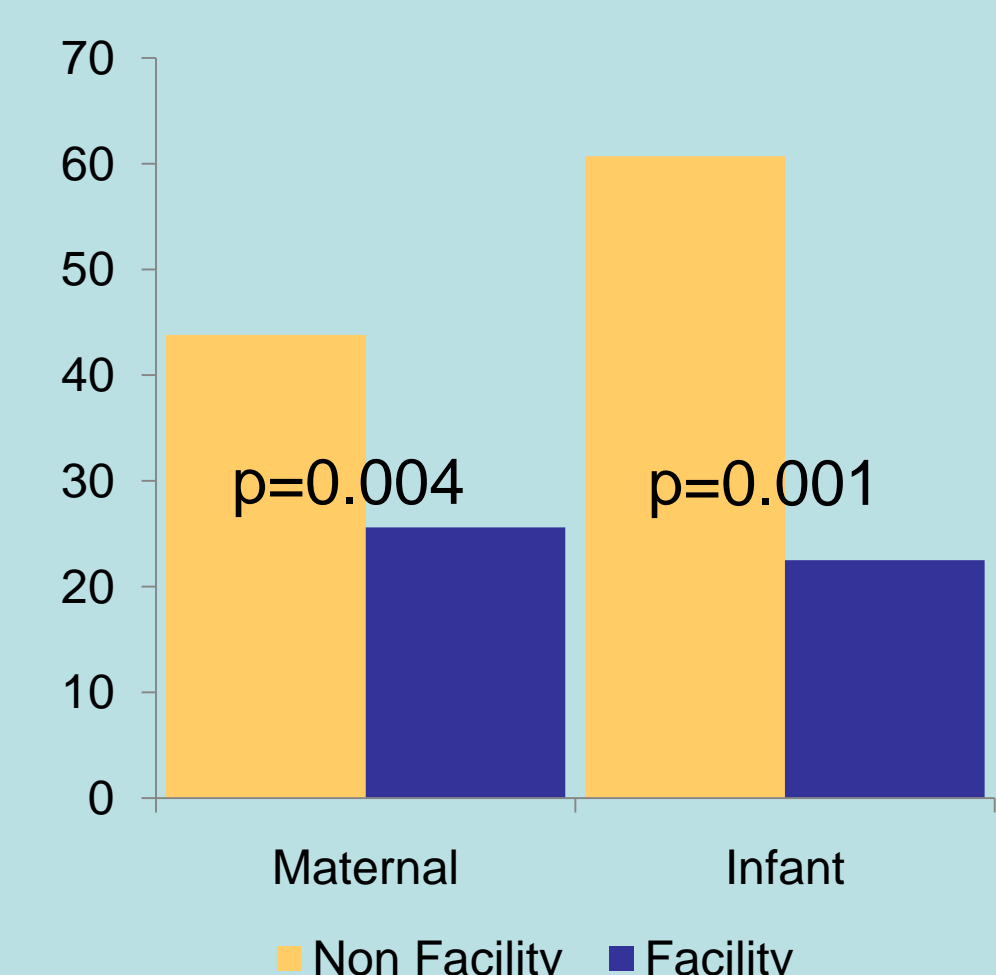
- Mothers accompanying infants for routine 6-week immunizations at 6 maternal-child-health clinics in Nairobi and Nyanza interviewed
- Assessed sociodemographic characteristics, participation in perinatal HIV prevention programs, and utilization of health facilities for delivery



## Antiretroviral (ARV) drug use



## Mothers who do not deliver at facility more likely not to use ARVs



## Conclusions:

- Although maternal and infant ARVs uptake was high (~80%), there were missed opportunities in offering ARVs and utilization of facility delivery
- Strengthening health system and promoting birth preparedness important strategies to boost PMTCT uptake

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